



Whether it's business or personal, **Clayton County is open for you.**

**DEVELOPMENT AUTHORITY OF CLAYTON COUNTY**

**CLAYTON STRONG SMALL BUSINESS RELIEF**

**GRANT APPLICATION**

*Complete this Form and attach a copy of your Clayton County, GA business license:*

**BUSINESS NAME:**

**BUS. LICENSE#:** \_\_\_\_\_

**BUSINESS PROPERTY ADDRESS:**

**CONTACT NAME AND PHONE NUMBER:**

**EMAIL ADDRESS:**

**NUMBER OF FULL TIME EMPLOYEES:**

**NUMBER OF PART TIME EMPLOYEES:**

**Proposed Expenses:**

Describe how your business has been affected by the COVID-19 outbreak and how you intend to use the grant to offset business expenses during the next thirty (30) days.



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Businesses awarded funds must report how the grant funds were used and be willing to share a testimonial of this Small Business Relief Grant program in the future if asked.

**Authorization:**

I hereby make an application to the Development Authority of Clayton County (DACC) to receive grant funds disbursed from the Clayton Strong Small Business Relief Grant Fund. I verify that the information contained in this application and any attachment is true and correct. I have reviewed and understand the rules and regulations set forth in this document and agree to be bound by the same.

I understand that any changes in the use of grant funds could result in forfeiture of said funds. I understand submission of this application does not obligate the DACC in any way to provide grant funds to the aforementioned business.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

For Office use only:	Date Received: _____	Date Reviewed: _____
Application approved: _____	Amount: _____	
Application denied: _____	Comments: _____	
Reviewer's Initials: ____		